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The National Women's Health Information Center

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Frequently Asked Questions about Obsessive-Compulsive Disorder

What is obsessive-compulsive disorder (OCD)?

OCD is a real illness that can be treated with medicine and therapy. When you have OCD, you have recurring, upsetting thoughts (called *obsessions*). You repeat doing the same thing, over and over again (called *compulsions*) to make the thoughts go away. And, you feel like you can't control or stop these thoughts or actions. The obsessions, or upsetting thoughts, can include things like a fear of germs, a fear of being hurt, a fear of hurting others, and disturbing religious or sexual thoughts. The compulsions, or actions you repeat to make the thoughts go away, can be things like counting, cleaning, hand washing, and checking on things. While these actions provide only short-lived relief, not doing them only increases anxiety.

Many people who have OCD know that their actions often don't make sense. They may try to hide their problem from family and friends, and may have trouble keeping a job because of their actions. Without treatment, obsessions and the need to perform rituals can take over a person's life. OCD is an *anxiety disorder* that can be life-long. A person with OCD can also recover and then get the illness again, or relapse. This illness affects women and men in equal numbers. Most often, OCD begins during the teenage years or early childhood, although it can start in an adult.

The exact cause of OCD is not known. Researchers are looking at differences in brain activity among people who have OCD and persons who do not, for clues about its cause. OCD is not caused by family problems. Nor is it caused by something in a person's childhood, such as an unusual focus on cleanliness, or a belief that certain thoughts are dangerous or wrong. It's important to know that when a person has OCD, it's not her or his fault. And, it's not something a person can just "snap out of."

What are the symptoms of OCD?

OCD shouldn't be confused with sometimes acting "compulsive." Individuals who act this way expect a lot from themselves, are very organized in their work and play, and are sometimes called "perfectionists." This type of "compulsiveness" often has value in a person's life. It can help a person feel good about themselves and help them be a success on the job. It differs greatly from OCD, which is an illness that can have a devastating effect on a person's life.

Symptoms of OCD include:

- Having upsetting thoughts or images enter your mind again and again.
- Feeling like you can't stop these thoughts or images, even though you want to.
- Having a hard time stopping yourself from doing things again and again, like counting, checking on things, washing your hands, cleaning, re-arranging objects, doing things until it feels "right," or collecting useless objects.
- Worrying a lot about terrible things that could happen if you're not careful.

- Having unwanted urges to hurt someone, but knowing you never would.

People with OCD sometimes also abuse alcohol and drugs and can have other illnesses, such as depression, eating disorders, attention deficit hyperactivity disorder (ADHD), or other anxiety disorders. When a person also has other illnesses, OCD is often harder to diagnose and treat.

What should I do if I think I have OCD?

If you think you may have symptoms of OCD, a visit to your doctor is the best place to start. Your doctor will perform a careful exam to figure out whether your symptoms are really due to this illness, or if you have another anxiety disorder or problem.

Sometimes a person can feel awkward talking to a health care provider about OCD. They may blame themselves, think their condition is not serious, or feel embarrassed. Keep in mind that this illness can be treated. Be aware that all anxiety disorders are not treated the same.

The next step your doctor may suggest is a visit with a mental health professional. This includes psychiatrists, psychologists, social workers, and counselors. It is best to look for a professional who has special training in cognitive-behavioral and/or behavioral therapy. Try to find someone who is open to the use of medications, should they be needed. And if they are not a medical doctor, be sure they work with one so medication can be prescribed. Keep in mind that when you start taking medicine, it may not start working right away. You need to give your body a few weeks to get used to the medicine. Then, you and your doctor can decide if it's working.

You can get free information about anxiety disorders from the National Institute of Mental Health. Call toll free 1-888-88-ANXIETY.

It's very important that you feel comfortable with your treatment. If this is not the case, seek help elsewhere. If you've been taking medication, don't stop it all of a sudden. These drugs need to be tapered off slowly, under the care of your doctor. Talk with your doctor about how to stop the medication you're taking.

How is OCD treated?

OCD is a type of anxiety disorder, the most common of all the mental disorders. Many people misunderstand these disorders and think people should be able to overcome the symptoms by sheer willpower. But, the symptoms can't be willed or wished away. There are treatments, developed through research, that work well for these disorders.

Anxiety disorders are treated in two ways – with medication and with certain types of psychotherapy (sometimes called “talk therapy”). Sometimes only one treatment is used or both treatments are combined. If you have an anxiety disorder, talk with your doctor about what will work best for you. If you do choose psychotherapy, make sure the therapist is able to provide you with medication, if needed.

A number of drugs used for treating depression, called *antidepressants*, have been found to help with anxiety disorders as well. *Monoamine oxidase inhibitors* (MAOIs) are used, along with the newer selective *serotonin reuptake inhibitors* (SSRIs). Other medicines include anti-anxiety drugs called *benzodiazepines* and *beta-blockers*.

Treatment with psychotherapy includes *cognitive-behavioral therapy* (CBT) and *behavioral therapy*. In CBT, the goal is to change how a person thinks about, and then reacts to, a situation that makes them anxious or fearful. In behavioral therapy, the focus is on changing how a person reacts to a situation. CBT or behavioral therapy most often lasts for 12 weeks. It can be group or individual therapy. A special type of behavior therapy, called *exposure and response prevention*, is often used with OCD. With this approach, a person is exposed to whatever triggers the obsessive thoughts. Then, the person is taught ways to avoid doing the compulsive rituals, and how to deal with the anxiety. Some studies have shown that the benefits of CBT or behavioral therapy last longer than do those of medications for people with OCD.

Keep in mind that it can be a challenge to find the right treatment for an anxiety disorder. But, if one treatment doesn't work, the odds are good that another one will. Your doctor and therapist will work together to help you find the best approach. New treatments are being developed through ongoing research. So, don't give up hope. If you have recovered from an anxiety disorder and it comes back at a later date, don't think that you've failed. You can be treated again. And, the skills you learned dealing with the disorder the first time can help you in coping with it again.

What can I do to help myself if I have OCD?

Many people find it helps to join a support group because they can share their problems and successes with others who are going through the same thing. While it doesn't take the place of mental health care, talking with trusted friends or a member of your faith community can also be very helpful. Family members can play an important role in a person's treatment by offering support. Learning how to manage stress will help you to stay calm and focused. Research suggests that aerobic exercise (like jogging, bicycling and swimming) may be of value as well. Other studies have found that caffeine, illegal drugs, and some over-the-counter cold medicines can worsen the symptoms of these disorders. Check with your doctor or pharmacist before taking any over-the-counter medicines.

What is the latest research on anxiety disorders?

The National Institute of Mental Health supports research into the causes, prevention, and treatment of anxiety disorders and other mental illnesses. Studies are ongoing for how family background (genetics) and life experience puts a person at risk for these disorders. New drugs are being tested in clinical trials, as well as therapy approaches. For information on clinical trials, go to the NIMH web site <http://www.nimh.nih.gov/studies/index.cfm> and the National Library of Medicine's clinical trials database at <http://www.clinicaltrials.gov>.

This FAQ was adapted from anxiety disorder fact sheets of the National Institute of Mental Health.

For more information...

You can find out more about OCD and anxiety disorders, and their treatments by contacting the National Women's Health Information Center at (800) 994-9662 or one of the following organizations:

National Institute of Mental Health

Phone Number(s): (301) 443-4513 or (301) 443-8431

Internet Address: <http://www.nimh.nih.gov>

National Mental Health Consumers' Self-Help Clearinghouse

Phone Number(s): (800) 553-4539

Internet Address: <http://www.mhselfhelp.org>

National Mental Health Association

Phone Number(s): (800) 969-6642

Internet Address: <http://www.nmha.org>

Obsessive-Compulsive Foundation Inc

Phone Number(s): (203) 315-2190

Internet Address: <http://www.ocfoundation.org>

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*This FAQ was reviewed by Victoria Hendrick, M.D., of the University of California, Los Angeles.
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